



# State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/10/2014

Business ID: 588078

William M. Gardner

Secretary of State

ACAR LEASING LTD.

801 CHERRY STREET S3600  
FORT WORTH, TX 76102

## ADDRESS OF PRINCIPAL OFFICE:

801 CHERRY STREET S3600  
FORT WORTH, TX 76102

## REGISTERED AGENT AND OFFICE:

LAWYERS INCORPORATING SERVICE  
14 CENTRE STREET  
CONCORD, NH 03301

ENTITY TYPE: BUSINESS TRUST

BUSINESS ID: 588078

STATE OF DOMICILE: DELAWARE

CONSUMER FINANCE/MOTOR VEHICLE LEASING

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address Attn: ALICIA A RICHESON CP, 801 CHERRY ST STE 3600, FORT WORTH, TX 76102

☐ The new principal office address

PO Box is acceptable.

## TRUSTEES

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

TRUSTEE Wilmington Trust Company

STREET 1100 Market Street

CITY/STATE/ZIP Wilmington DE 19890

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

## TRUSTEES

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Douglas T. Johnson

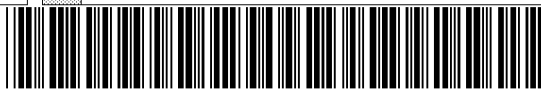
Please print name and title of signer: Douglas T. Johnson / AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



058807820141004

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301